

**Note: This is a sample
template, it is not
an OMB approved
form.**

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Pioneer telephone cooperative

Service Provider Name

Pioneer telephone cooperative

Company Address, City, State, Zip

108 east robberts street

kingfisher, ok 73750

Service Provider Type

Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Jim dixon

405-375-0262

405-699-3075

jhdixon@ptci.com

Section 2

Local Area 911 Implementation

Dewey county, ok

Grant county, ok

Kingfisher county, ok

Roger mills county, ok

Blaine county, ok

Garvin county, ok

Washita county, ok

Woodward county, ok

Cotton county, ok

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed. The identification of the emergency response point has been directed to the office of the governor of Oklahoma by the Oklahoma telephone association.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point. While we do not know as yet where the emergency response point will be, our technicians are aware of the 911 mandate and are in the process of developing routing matrixes for the 911 calls for all pioneer exchanges involved in this mandate.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed. All pioneer exchanges involved will be ready for permissive dialing and 911 by September 1, 2002.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages. The only problem encountered so far is we have not received any directive from the state of Oklahoma on the establishing of emergency response points.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

We have encountered no problems thus far

Section 4

Certification - To be signed by an authorized representative of the reporting entity

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

X certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature jim dixon

Printed name of authorized representative

Title 911 coordinator

Date 3/11/2002

This filing is: x ☐ original filing ☐ revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER
TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**